



Donor Information (please print or type)

| | |
|----------------------|--|
| Name | |
| Billing address | |
| City | |
| State | |
| ZIP Code | |
| Telephone (home) | |
| Telephone (business) | |
| Fax | |
| E-Mail | |

Pledge Information

I (we) pledge a total of \$_____ to be paid:
___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of:
___ cash ___ check ___ credit card ___ other.

| | |
|--|-------------------------|
| Credit card type | ___ VISA ___ MASTERCARD |
| Credit card number | |
| CSV number <small>3 digits on back of card</small> | |
| Expiration date | |
| Authorized signature | |

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

| |
|--|
| |
|--|

___ I (we) wish to have our gift remain anonymous.

| |
|--------------|
| Signature(s) |
| Date |

Please print this form and mail to:

Equine Alliance
4610 Ross Drive
Paso Robles CA. 93446
Phone 805-835-5104 or Fax 805-226-8159
WWW.EQUINEALLIANCE.ORG